HEALTH SERVICES AND DEVELOPMENT AGENCY SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.

NAME: Michael D. Brent COMPANY / AGENCY: Bradley Arant Boult Cummings LLP ADDRESS: 1600 Division Street, Suite 700 CITY / STATE: Nashville, TN ZIP CODE: 37203 PHONE NO.: (615) 252 2361 . SIGNATURE: "FORM MUST BE SIGNED" 1. PROJECT #: CN_2004-011 PROJECT NAME: Open Arms Care Corporation dba Knox County #8 2. CHECK THE ONE THAT APPLIES: I WISH TO SPEAK IN SUPPORT OF THE PROJECT I WISH TO SPEAK IN OPPOSITION OF THE PROJECT SOURCE OF A PRIOR OBJECT? PURSUANT TO T.C.A. 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS NOTICE OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.
ADDRESS: 1600 Division Street, Suite 700 CITY / STATE: Nashville, TN PHONE NO.: (615) 252 2361 SIGNATURE: FORM MUST BE SIGNED 1. PROJECT #: CN_2004-011 PROJECT NAME: Open Arms Care Corporation dba Knox County #8 2. CHECK THE ONE THAT APPLIES: I WISH TO SPEAK IN SUPPORT OF THE PROJECT I WISH TO SPEAK IN OPPOSITION OF THE PROJECT SYES NO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT? YES NO PURSUANT TO T.C.A. □ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS NOTICE OF A PRIOR
PHONE NO.: (615) 252 2361 . SIGNATURE: 1. PROJECT #: CN 2004-011 PROJECT NAME: Open Arms Care Corporation dba Knox County #8 2. CHECK THE ONE THAT APPLIES: I WISH TO SPEAK IN SUPPORT OF THE PROJECT I WISH TO SPEAK IN OPPOSITION OF THE PROJECT SPEAK IN OPPOSITION OF THE PROJECT NO PURSUANT TO T.C.A. 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS NOTICE OF A PRIOR
PHONE NO.: (615) 252 _ 2361 . SIGNATURE: FORM MUST BE SIGNED 1. PROJECT #: CN 2004-011 PROJECT NAME: Open Arms Care Corporation dba Knox County #8 2. CHECK THE ONE THAT APPLIES: I WISH TO SPEAK IN SUPPORT OF THE PROJECT I WISH TO SPEAK IN OPPOSITION OF THE PROJECT 3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT? YES
1. PROJECT #: CN_2004-011 PROJECT NAME: Open Arms Care Corporation dba Knox County #8 2. CHECK THE ONE THAT APPLIES: I WISH TO SPEAK IN SUPPORT OF THE PROJECT I WISH TO SPEAK IN OPPOSITION OF THE PROJECT 3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT? YES
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2. CHECK THE ONE THAT APPLIES: Yes No
2. CHECK THE ONE THAT APPLIES: □ I WISH TO SPEAK IN SUPPORT OF THE PROJECT □ I WISH TO SPEAK IN OPPOSITION OF THE PROJECT 3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT? □ YES □ NO PURSUANT TO T.C.A. □ 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS NOTICE OF A PRIOR
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HEALTH SERVICES AND DEVELOPMENT AGENCY
SPEAKER'S FORM
COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY.
PLEASE PRINT LEGIBLY MEETING DATE: June 24, 2020
NAME: George Stevens TITLE: CEO
COMPANY / AGENCY: Integra Resources
ADDRESS: 101 West Park Drive, Suite 140
CITY / STATE: Brentwood, TN ZIP CODE: 37027
PHONE NO.: (615) 585 _ 3496 . SIGNATURE:
"FORM MUST BE SIGNED"
1. PROJECT #: CN_2004-011 PROJECT NAME. Open Arms Care Corporation dba Knox County #8
2. CHECK THE ONE THAT APPLIES: Powell (Knox County)
X I WISH TO SPEAK IN SUPPORT OF THE PROJECT
☐ I WISH TO SPEAK <u>IN OPPOSITION</u> OF THE PROJECT
3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT?
YES NO

PURSUANT TO T.C.A. \square 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS *NOTICE* OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.

HEALTH SERVICES AND DEVELOPMENT AGENCY SPEAKER'S FORM

COMPLETE THIS FORM IF YOU WANT TO SPEAK AT TODAY'S MEETING OR HAVE YOUR ATTENDANCE ON FILE WITH THE AGENCY. PLEASE PRINT LEGIBLY MEETING DATE: June 24, 2020 NAME: Richard Brown TITLE: Director COMPANY / AGENCY: Facilities Development Group ADDRESS: 101 West Park Drive, Suite 140 CITY / STATE: Brentwood, TN ZIP CODE: PHONE NO.: (615)620 _ 6272 . SIGNATURE: 1. PROJECT #: CN 2004-011 PROJECT NAME: Open Arms Care Corporation dba Knox County #8 Powell (Knox County) 2. CHECK THE ONE THAT APPLIES: I WISH TO SPEAK IN SUPPORT OF THE PROJECT ☐ I WISH TO SPEAK <u>IN OPPOSITION</u> OF THE PROJECT 3. DO YOU WISH TO BE COPIED ON THE APPROVAL / DENIAL LETTER FOR THIS PROJECT? X YES □ NO

PURSUANT TO T.C.A. \square 68-11-1609(f), OPPOSITION TO THIS PROJECT WILL SERVE AS *NOTICE* OF A PRIOR OBJECTION FILED DIRECTLY WITH THE AGENCY.